

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 10/01/2002 – 9/30/2003
BENWOOD HOUSING AUTHORITY

WV014v03

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: BENWOOD HOUSING AUTHORITY

PHA Number: WV014

PHA Fiscal Year Beginning: (mm/yyyy) 10/2002

PHA Plan Contact Information:

Name: CINDY L. TRIBETT, EXECUTIVE DIRECTOR

Phone: 304-233-0830

TDD:

Email (if available): benwoodwv@aol.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

The Annual Plan is consistant with last years plan except for the suspension of Community Service implementation and enforcement. The Section 8 assessment for the Voluntary Conversion of Developments is also included in the plan this year. The revised Five (5) Year Capital Fund and Annual Capital Fund is included with the new plan. There is no PHDEP Plan included for this coming year.

1. Summary of Policy or Program Changes for the Upcoming Year

The Benwood Housing Authority has suspended the Community Service requirements. There is no PHDEP Plan for this year. The Capital Fund has been revised for this years Annual Plan and the extended five year Plan.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$
203,897

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment WV014bv03

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment WV014av03

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. Yes X No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes ☐ No: The PHDEP Plan is attached at Attachment

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. X Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) WV014ev03
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
 - X Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment WV014ev02
 - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
STATE OF WV CONSOLIDATED DEVELOPMENT PLAN 1995-1999
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes X No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
The Director of Community Development certified that the PHA Plan was consistent with the WV Consolidated Plan.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

A. Substantial Deviation from the 5-year Plan:

A measurable action to move in the opposite direction of the Goals and Objectives of the 5 Year Plan must be reviewed and approved by the Executive Director and the Board of Commissioners. If approved then submitted to HUD.

B. Significant Amendment or Modification to the Annual Plan:

A change in policy or activity that would have a measurable affect on the contents of the Annual plan. A measurable affect would include any changes to rent or admissions policies or the organization of the waiting list. The Capital Funds Program would be any budget revisions necessary for any changes in the annual plan.

Attachment A
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Any required policies governing any Section 8 special housing types X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report ATTACHMENTWV014av03

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: BENWOOD HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: WV15P01450102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$40,097			
3	1408 Management Improvements				
4	1410 Administration	\$ 1,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$14,800			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$148,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report ATTACHMENTWV014av03 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: BENWOOD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: WV15P01450102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	Amount of Annual Grant: (sum of lines 2-19)	\$203,897			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

Capital Fund Program 5-Year Action Plan ATTACHMENT WV014bv03

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WV014-1	GATEWAY APARTMENTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE BATHROOM FLOORS IN 61 UNITS	\$ 33,548	10/01/2003
ADD CEILING LIGHTS IN LIVING ROOM AND BEDROOMS	\$ 37,275	10/01/2005
168 LIGHTS		
Total estimated cost over next 5 years	\$70,823	

CFP 5-Year Action Plan
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement

Development Number	Development Name (or indicate PHA wide)		
WV014-2	MARWOOD APARTMENTS		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)	
REPLACE SIDING ON EIGHT (8) DWELLING BUILDINGS	\$97,843	10/01/2003	
REPLACE BATHROOM FLOORS IN 35 UNITS	\$16,774	10/01/2003	
CONVERT SIX EFFICIENCY APARTMENTS TO THREE ONE BEDROOM APARTMENTS IN MARWOOD HIGHRISE	\$160,815	10/01/2004	
ADD FRONT PORCH TO 35 UNITS	\$62,835	10/01/2005	
CARPET 27 UNITS AT HIGHRISE AND COMMON AREAS	\$37,808	10/01/2005	
ADD CEILING LIGHTS IN LIVINGROOM&BEDROOM (4) LIGHTS	\$ 905	10/01/2005	
REPLACE ELEVATOR AT HIGHRISE	\$165,000	10/01/2006	
Total estimated cost over next 5 years	\$541,980		

CFP 5-Year Action Plan	
<input type="checkbox"/>	Original statement
<input checked="" type="checkbox"/>	Revised statement

Development Number	Development Name (or indicate PHA wide)	
HA WIDE	PUBLIC HOUSING AUTHORITY WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
ADVERTISE FOR A/E & COMPETITIVE BIDS	\$1,000	10/01/2003
A/E FEES-PROFESSIONAL SERVICES	\$14,817	10/01/2003
TRANSFER FUNDS TO PHA'S OPERATIONS	\$39,915	10/01/2003
ADVERTISE FOR A/E & COMPETITIVE BIDS	\$1,000	10/01/2004
A/E FEES-PROFESSIONAL SERVICES	\$16,082	10/01/2004
TRANSFER FUNDS TO PHA'S OPERATIONS	\$26,000	10/01/2004
ADVERTISE FOR A/E & COMPETITIVE BIDS	\$1,000	10/01/2005
A/E FEES-PROFESSIONAL SERVICES	\$13,883	10/01/2005
TRANSFER FUNDS TO PHA'S OPERATIONS	\$20,191	10/01/2005
ADVERTISE FOR A/E & COMPETITIVE BIDS	\$1,000	10/01/2006
A/E FEES-PROFESSIONAL SERVICES	\$16,500	10/01/2006
TRANSFER FUNDS TO PHA'S OPERATIONS	\$21,397	10/01/2006
NEW PASSENGER VAN FOR RESIDENTS SERVICES TO REPLACE 1987 DODGE VAN	\$30,000	10/01/2005
Total estimated cost over next 5 years	\$202,785	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History**A. Amount of PHDEP Grant \$**_____**B. Eligibility type (Indicate with an “x”)** **N1**_____ **N2**_____ **R**_____**C. FFY in which funding is requested** 2001_____**D. Executive Summary of Annual PHDEP Plan****E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months_____ **18 Months**_____ **24 Months**_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	

9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative		Total PHDEP Funding: \$	
Goal(s)			
Objectives			

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol			Total PHDEP Funding:		
Goal(s)					
Objectives					

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention		Total PHDEP Funding:
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment		Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds:		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment WV014cv03: Resident Member on the PHA Governing Board

1. X Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Wilda Sullivan

B. How was the resident board member selected: (select one)?

☐ Elected

x Appointed

C. The term of appointment is (include the date term expires): April 25, 1996 to April 25, 2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐

Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment WV014dv03: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

JANICE COFFIELD	2106 MARSHALL ST. APT. Z-1, BENWOOD, WV
TAMMY PASQUALLA	16 GATEWAY APT., BENWOOD, WV
BARBARA PARKER	234 MCMECHEN MANOR, MCMECHEN, WV
DOROTHY WARD	201 MCMECHEN MANOR, MCMECHEN, WV

ATTACHMENT WV014ev03 COMMENTS FROM ADVISORY BOARD

The Advisory Board met and reviewed the Annual Plan and all of the attachments. The Board felt that the Annual Plan for FY 2002 was consistent with last years plan. They all agreed that there is a great need for all items in the Capital Funds Five Year Plan. The Board was very upset and discussed the great loss that the Housing Authority would experience with the PHDEP Program not be funded this fiscal year. A discussion was held concerning Community Service being eliminated. The Advisory Board approved the Annual Plan for the Fiscal Year 2002.

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT WV014fv03

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: BENWOOD HOUSING AUTHORITY		Grant Type and Number WV15P01450100 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending: 3/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$15,500		\$15,500	\$15,500
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$1,200		\$1,200	\$1,200
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$17,160		\$17,160	\$16,272
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	\$171,600		\$171,600	\$171,600
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: BENWOOD HOUSING AUTHORITY		Grant Type and Number WV15P01450100 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$205,460		\$205,460	\$204,572
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: BENWOOD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: WV15P01450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:3/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$16,968			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$1,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$17,348		\$16,000	\$4,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$173,484		\$173,484	\$126,718.34
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: BENWOOD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: WV15P01450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
X Performance and Evaluation Report for Period Ending:3/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$208,800		\$204,984	\$130,718.34
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name BENWOOD HOUSING AUTHORITY		<input type="checkbox"/> Original 5-Year Plan X Revision No: 3			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 10/01/03	Work Statement for Year 3 FFY Grant: 2004 PHA FY:10/01/2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY:10/01/2005	Work Statement for Year 5 FFY Grant: 2004 PHA FY:10/01/2004
HA WIDE	Annual Statement	\$55,732	\$43,082	\$65,074	\$38,897
WV 14-1		\$33,548		\$37,275	-
WV 14-2		\$114,617	\$160,815	\$101,548	\$165,000
Total CFP Funds (Est.)		\$203,897	\$203,897	\$203,897	\$203,897
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2 FFY Grant: 2003 PHA FY: 10/01/2003			Activities for Year: 3 FFY Grant: 2004 PHA FY: 10/01/2004		
OPERATION	\$40,097	OPERATIONS	\$39,915	OPERATTIONS	\$26,000	
ADVERTISE	\$1,000	ADVERTISE	\$1,000	ADVERTISE	\$1,000	
A/E	\$14,800	A/E	\$14,817	A/E	\$16,082	
SIDING	\$148,000	SIDING	\$97,843	CONVERT EFFICIENCY AT HIGHRISE	\$160,815	
		BATHROOM FLOORS	\$50,322			

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

	Activities for Year : 4 FFY Grant: 2005 PHA FY: 10/01/2005			Activities for Year: 5 FFY Grant:2006 PHA FY:10/01/2006		
		OPERATIONS	\$20,191	OPERATIONS	\$21,397	
		ADVERTISE	\$1,000	ADVERTISE	\$1,000	
		A/E	\$13,883	A/E	\$16,500	
		FRONT PORCH ON 35 UNITS AT MARWOOD	\$62,835	REPLACE ELEVATOR AT HIGHRISE	\$165,000	
		CARPET HIGHRISE	\$37,808			
		ADD CEILING LIGHTS	\$38,180			
		NEW VAN	\$30,000			

COMPONENT 10(B) VOLUNTARY CONVERSION INITIAL ASSESSMENTS WV014gv03

- a. How many of the PHA's developments are subject to the Required Initial Assessments? Both Developments
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions? None
 - c. How many Assessments were conducted for the PHA's covered developments? One
 - d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

ASSESSMENT FOR THE VOLUNTARY CONVERSION OF DEVELOPMENTS FROM PUBLIC HOUSING STOCK - WV014gv03

The Benwood Housing Authority completed the assessment for the Voluntary Conversion of Developments from Public Housing Stock and submitted to HUD on September 18, 2001. The certification from the Benwood Housing Authority Board of Commissioners was submitted to HUD on Sept. 28, 2001 confirming that it has reviewed each covered development's operations as public housing; considered the implications of converting the public housing to tenant based assistance; and concluded that the conversion of the development may be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

PUBLIC HOUSING OPERATIONS COSTS:

PUM for all Developments based on fiscal year cost to HUD \$275.00

SECTION 8 TENANT-BASED ASSISTANCE:

PUM for all tenant-based assistance (HUD Vouchers) based on average of FMR \$426.00

COMPONENT 3, (6) DECONCENTRATION AND INCOME MIXING WV014hv03

- a. X YES NO Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. X YES NO Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

DEVELOPMENT NAME	NUMBER OF UNITS	EXPLANATION	DECONCENTRATION POLICY
GATEWAY 14-1	61	SEE BELOW	ADMISSIONS AND CONTINUED OCCUPANCY POLICY SECTION SECTION 4 “L”
MARWOOD 14-2	62	SEE BELOW	ACOP POLICY SECTION 4 “L”

The reason the developments are outside of the established income range is explained by the development income profile as follows:

GATEWAY APTS. 14-1 – AVERAGE ANNUAL INCOME \$7,460
64% EXTREMELY LOW
26% VERY LOW
10% LOW

MARWOOD APTS. 14-2 – AVERAGE ANNUAL INCOME \$9,692
48% EXTREMELY LOW
37% VERY LOW
15% LOW

The Benwood Housing Authority follows the ACOP in Section 4 “L”. The waiting list does not have any applicants that are over the income limits or even have higher incomes. The Ohio Valley is a very depressed area where the unemployment rate is extremely high. The Ohio Valley is a Steel and Coal Industry Community where both industries are at their very lowest. There are only a minimum number of employees left at Wheeling Pittsburgh Steel and the Coal Mines are shutting down one after another.